

New/Renewal APPLICATION FOR MEMBERSHIP

Type of Membership: Renewal _____ New _____

Name: _____

Year Admitted to Practice: _____ Please Circle One: Associate Partner

Firm: _____

*Billing Contact Name/E-mail: _____

Office Address: _____

Office Phone: _____ E-Mail: _____

Areas of Practice: *Circle all that apply*

Insurance Coverage/Bad Faith Intellectual Property/Trademark Litigation Toxic Tort

Labor & Employment Medical Malpractice Product Liability Professional Liability

Business/Commercial Litigation Construction Workers Comp Other: _____

Join a Committee: _____

Are you a member of the Defense Research Institute (DRI)? Yes _____ No _____

Do you certify that more than fifty percent (50%) of your professional time is devoted to the defense of civil matters and related issues on behalf of individuals or corporations? _____

a) Position or title: _____

b) Percentage of time devoted to handling claims or lawsuits: _____

MassDLA Member Sponsor (if any): _____

If accepted to membership, do you agree to abide by the By-Laws of the Association? _____

Signed: _____ Dated: _____

Would you like to be listed on the MassDLA website searchable database? _____

Please enclose \$195 for this year's annual dues
(First year of MassDLA membership is free if admitted 5 years or less)

Please make your check payable to MassDLA and return it with your application to:

Massachusetts Defense Lawyers Association
6 Liberty Sq PMB 92717
Boston, Massachusetts 02109
Questions? Please email executivedirector@massdla.org